



Shelburne Road at West Broad Street
P.O. Box 9317
Stamford, Connecticut 06904-9317
203.325.7000
TDD 203.325.7018

September 22, 2004

Hon. Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Stamford Health System Five-Year Master Facility Plan

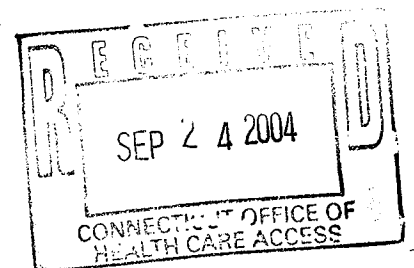
Dear Commissioner Vogel:

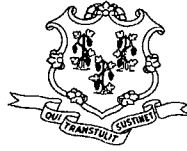
Please find enclosed an original and five copies of the Stamford Health System's Letter of Intent regarding its Five-Year Master Facility Plan. The appropriate forms are attached and will provide the required information to allow your office to prepare the Certificate of Need application forms.

Please contact me at 203-276-7510 with any questions.

Respectfully submitted,

David L. Smith
Senior Vice President,
Strategy and Market Development





State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Stamford Health System, Inc.	
Doing Business As	Stamford Health System, Inc.	
Name of Parent Corporation	Stamford Health System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Shelburne Rd. at West Broad Street, Stamford, CT 06904	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	David L. Smith, Senior Vice President, Strategy and Market Development	
Contact person's street mailing address	Shelburne Rd. at West Broad Street, Stamford, CT 06904	
Contact person's phone #, fax # and e-mail address	Phone:203-325-7510 Fax:203-325-5529 email:dsmith@stamhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Five-Year Master Facility Plan

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input checked="" type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

The Stamford Hospital, Shelburne Road at West Broad Street, Stamford, CT, 06904;
The Tully Health Center, 32 Strawberry Hill Ct, Stamford, CT, 06902; The Rehabilitation
Center, 26 Palmers Hill Road, Stamford, CT, 06904

d. List all the municipalities this project is intended to serve:

The areas intended to serve include the following municipalities: Stamford, Darien, New
Canaan, Cos Cob, Greenwich, Old Greenwich, Riverside, Norwalk, Westport, Wilton,
Southport, Bridgeport, Fairfield, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY,

Katonah, NY, Mt Kisco, NY, Port Chester, NY, Pound Ridge, NY, Rye, NY and South Salem, NY

- e. Estimated starting date for the project: The following dates represent approximate construction start dates: Project One – Phase 1, January 2005; Project One – Phase 2, April 2005; Project One, Phase 3 – July 2005; Project One – Phase 4, January 2006; Project Two, May 2005; Project Three - Parking Garage, June 2006; Project Three - North Expansion & Renovations, January 2007; Project Three – South Expansion & Renovations, January 2008; Project Four, January 2006. See attached schedule for additional details.

- f. Type of project: **27, 32** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 87,471,400
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$58,623,000
Medical Equipment (Purchase)*	\$18,254,100
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$10,594,300
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$87,471,400
Fair Market Value of Leased Equipment	
Total Capital Cost	\$87,471,400

*Includes Medical and Imaging Equipment.

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☒ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Stamford Health System, Inc.


Project Title: Five-Year Master Facility Plan

I, RICHARD L. JONES, CFO
(Name) (Position – CEO or CFO)

of Stamford Health System, Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Stamford Health System, Inc. complies with the (Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486

and/or 4-181 of the Connecticut General Statutes.


Signature

9-14-2004
Date

Subscribed and sworn to before me on September 14, 2004


Notary Public/Commissioner of Superior Court

DANA B. DULEMBA
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2008

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

PROJECT DESCRIPTION

The Stamford Health System ("SHS") is proposing to expand and renovate certain areas of its current facilities as well as relocate various clinical services within its System in order to provide more effective and efficient health care to residents of Stamford and surrounding communities. The goal of the SHS Five-Year Master Facility Plan is to support the delivery of high quality, seamless services in an environment where patients can receive superior care and experience a high level of patient satisfaction along with improved outcomes.

The Five-Year Master Facility Plan has been broken out into four distinct projects and three separate project locations. A composite schedule is attached to this Project Description to explain the sequence, phasing and approximate duration of each project. A major goal of the Plan is to update and/or replace outmoded infrastructure at SHS's facilities, which includes some areas on The Stamford Hospital ("TSH") main campus that were constructed in the 1930s. Other facilities impacted by the Five-Year Master Facility Plan include the Tully Health Center ("Tully"), a 225,000 square foot outpatient diagnostic and surgical care center located on the Hospital's Strawberry Hill Avenue campus that also provides wellness services and houses various physician offices. Construction and renovation will also take place at The Rehabilitation Center ("Rehab Center"), a 50,000 square foot building located on SHS's Rich Campus on Palmers Hill Road in Stamford.

Project One involves a series of renovations at the TSH main campus. Pulmonary function testing, respiratory therapy and the Neurology Department will relocate from the Ground Floor of the South TSH building to the basement of the Whittingham Pavilion, while the Gastroenterology Lab, also located on Ground Floor South, will be moved to the diagnostic imaging area located on the same floor. Another phase of Project One includes relocating the plant engineering offices from the diagnostic imaging area to the area vacated by pulmonary function testing, respiratory therapy and neurology. Construction on all of these projects is scheduled to begin within the 2005 calendar year. Lastly, beginning in January of 2006, SHS will begin a major renovation of its Emergency Department so that this heavily utilized department can expand into the vacated outpatient clinic space described in Project Two below.

Project Two involves a series of enhancements that will create a centralized campus for various outpatient clinics in vacant space located at the current Rehab Center site (*please refer to CON Determination Report No. 04-30338 for a listing of physical medicine and rehabilitation programs that are in the process of being moved from this site to the Tully Health Center*). This process will involve relocating the medical, surgical, and Ob/Gyn clinics currently located at SHS to the Rich Campus to allow for the above-referenced ED expansion. Project Two will also involve the relocation of several clinics currently located at Tully (for example, Family Medicine, Behavioral Health, and Wound Care) to the Rich Campus. Other enhancements associated with Project Two involve renovation of a Pediatric Clinic located on the Rich Campus, the creation of additional parking

spaces and the addition of diagnostic services as well as administrative and other support areas necessary to support the centralization of the outpatient clinics.

Project Three involves a northward and southward expansion of facilities/services at the TSH main campus and has three main components.

- The first component includes expansion of surgical facilities located on Level 2 of TSH's North building to allow for the creation of state-of-the-art operating rooms, perioperative services and other surgical support areas. Food service, located on Level 1 of the same vertical area, is also developed to allow for food production expansion. In addition, the diagnostic imaging department, which is located on the Ground Floor of the same vertical space will also be expanded to allow for the incorporation of new technology. Finally, Central Sterile Supply, currently located in the basement of the same vertical space will expand horizontally. It should be noted that the first component, surgery expansion, includes the renovation and expansion of perioperative services needed to develop an open-heart surgery program, which TSH is submitting for in a separate letter of intent to OHCA.
- The second component of Project Three involves expansion of the Bennett Cancer Center, located at the South part of the TSH campus. Medical oncology and radiation therapy facilities will be expanded at this location to accommodate additional treatment and support services.
- The third component of this project involves the development of a seven-floor, approximately 700-space, parking garage on the main campus to alleviate parking congestion at this location.

In addition, Project Three also involves the development of mechanical, electrical and plumbing services to support the north and south expansions described above.

Project Four involves a reorganization of certain services at the Tully Center designed to improve access, patient flow and achieve various other efficiencies. This reorganization includes:

- Relocating Administration from the Fourth Floor to the Second;
- Relocating Child Care from its current location on the First Floor to the Lobby area on the First Floor;
- Allocating space for a Complementary Medicine Program next to the Heart Center located on the Second Floor;
- Relocating conference rooms, currently located on the First Floor, to the Second Floor;
- Relocating diagnostic imaging from the Second Floor to the First Floor;
- Relocating Patient Registration from its current location on the First Floor to the former clinic area on the First Floor;
- Expanding the kitchen, dining and food service areas in their current First Floor location; and

- Developing a Pharmacy and Women's Health Center on the First Floor.

All of the above services are expected to be furnished under TSH's existing license and no change in TSH's patient population or payer mix is expected to occur as a result of the Five-Year Master Facility Plan. Residents within the TSH service area will benefit significantly from the proposed Plan by being able to receive high quality, sophisticated health care services that are appropriate to a modern medical center serving one of Connecticut's largest cities. In addition, the new facilities will improve function and services and ensure quality patient care through improved infrastructure, updated medical technology and enhanced operational design, including services that will be offered through the expanded Emergency Department.

Q2400-00

COMPOSITE PROJECT SCHEDULE

Project / Action	'2004'	'2005'	'2006'	'2007'	'2008'
	F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D
Stamford Hospital Renovations					
Pulmonary Function, Resp. Therapy, Neurology		B C			
Plant Engineering		C	B C		
GI Lab / Prep & Recovery		D	B C		
Emergency Department			B C		
Rich Campus Renovations (Clinics)		S B C			
Tully Center Reorganization			B C		
TSH / Parking Garage (700 Spaces)			B C		
TSH / North Expansion & Renovations / Surgery			B C		
TSH / South Expansion & Renovations / Cancer				B C	
Project / Action	F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1			Stamford Health System												WHR Architects
2			Stamford, Connecticut												Houston, Texas
3			August 18, 2004												02400-04
4			5 Year Master Plan - Letter of Intent / CON Budgets												
5			Project Grouping/Areas												
6															
7															
8			1.0 TSH Renovations												
9															
10			Pul. Func., Resp. Ther., Neuro.				\$ 1,600,000		30%		\$ 480,000		\$ 380,000		\$ 2,460,000
11			GI Lab				\$ 580,000		20%		\$ 116,000		\$ 200,000		\$ 896,000
12			Plant Engineering				\$ 890,000		20%		\$ 178,000		\$ 200,000		\$ 1,268,000
13			Patient Prep & Recovery				\$ 935,000		30%		\$ 280,500		\$ 640,000		\$ 1,855,500
14			Emergency Department				\$ 5,635,000		30%		\$ 1,690,500		\$ 800,000		\$ 8,125,500
15															
16			Subtotal				\$ 9,640,000								
17			+ Fee Estimate (Programming, Planning, A/E/I)				\$ 1,220,000								
18			Total				\$ 10,860,000				\$ 2,745,000		\$ 2,220,000		\$ 15,825,000
19															
20			2.0 Rich Campus Renovations												
21															
22			Family Medicine Clinic				\$ 550,000		20%		\$ 110,000		\$ 20,000		\$ 680,000
23			Behavioral Health Clinic				\$ 675,000		20%		\$ 135,000		\$ 20,000		\$ 830,000
24			Wound Care Clinic				\$ 300,000		20%		\$ 60,000		\$ 20,000		\$ 380,000
25			Medical/Surgical/ObGyn Clinics				\$ 850,000		20%		\$ 170,000		\$ 100,000		\$ 1,120,000
26			Peds Clinic				\$ 230,000		20%		\$ 46,000		\$ 20,000		\$ 296,000
27			Diagnostics				\$ 230,000		30%		\$ 69,000		\$ 570,000		\$ 869,000
28			Administrative & Support				\$ 1,640,000		20%		\$ 328,000		-		\$ 1,968,000
29			Site Work Allowance				\$ 250,000		0%		-		-		\$ 250,000
30			MEP Systems				\$ 530,000		0%		-		-		\$ 530,000
31															
32			Subtotal				\$ 5,255,000								
33			+ Fee Estimate (Programming, Planning, A/E/I)				\$ 685,000								
34			Total				\$ 5,940,000				\$ 918,000		\$ 750,000		\$ 7,608,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Stamford Health System														WHR Architects Houston, Texas
2	Stamford, Connecticut														Q2400-04
3	August 18, 2004														
4	5 Year Master Plan - Letter of Intent / CON Budgets														
5															
6	Project Grouping/Areas					Estimated Const./Renov. Cost		Factor for Non-Med. Equip.		Estimated Non-Med Equip.		Estimated Med. & Specialty Equip.		Total Est'd Proj. Cost	
35															
36	3.0	TSH Expansions													
37															
38	3.1	North Expansion & Renovations/ Surgery													
39		Surgery		L2: Addtl Space for New OR's & Support		\$ 6,341,000		30%		\$ 1,902,300					
40		Food Service		L1: Allows for Food Production Expansion		\$ 2,840,000		30%		\$ 852,000					
41		Imaging		LG: Expansion for New Technology		\$ 1,590,000		30%		\$ 477,000					
42		Central Sterile Reprocessing		LB: Expansion to CSR, Poss. Vert. Lift		\$ 259,000		30%		\$ 77,700					
43		Mechanical		LB: MEP Support for Northern Expansion		\$ 680,000		10%		\$ 68,000					
44															
45		Subtotal				\$ 11,710,000									
46		+ Fee Estimate (Programming, Planning, A/E/I)				\$ 1,464,000									
47		Total				\$ 13,174,000				\$ 3,377,000		\$ 6,220,000		\$ 22,771,000	
48															
49	3.2	South Expansion & Renovations/ Cancer													
50		Medical Oncology		L1: Expan. of Med Onc. Treatmt & Support		\$ 1,472,000		30%		\$ 441,600					
51		Radiation Therapy		LG: Expansion of Rad. Ther. & Support		\$ 1,715,000		30%		\$ 514,500					
52		Mechanical				\$ 270,000		10%		\$ 27,000					
53															
54		Subtotal				\$ 3,457,000									
55		+ Fee Estimate (Programming, Planning, A/E/I)				\$ 484,000									
56		Total				\$ 3,941,000				\$ 983,100		\$ 3,500,000		\$ 8,424,100	
57															
58	3.3	Parking Garage													
59		7 Levels, 680 Spaces, 224,700 SF		Some Park'g May Support Housing (166Units)		\$ 13,482,000		2.5%		\$ 337,050					
60															
61		Subtotal				\$ 13,482,000									
62		+ Fee Estimate (Programming, Planning, A/E/I)				\$ 809,000									
63		Total				\$ 14,291,000				\$ 337,050		\$ -		\$ 14,628,050	
64															
65	3.4	Central Engineering Systems													
66		Mechanical		L1: Expan. of Med Onc. Treatmt & Support		\$ 409,000		5%		\$ 20,450					
67		Electrical		LG: Expansion of Rad. Ther. & Support		\$ 350,000		5%		\$ 17,500					
68		Plumbing				\$ 230,000		0%		\$ -					
69															
70		Subtotal				\$ 989,000									
71		+ Fee Estimate (Programming, Planning, A/E/I)				\$ 75,000									
72		Total				\$ 1,064,000				\$ 37,950		\$ -		\$ 1,101,950	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Stamford Health System														WHR Architects Houston, Texas 02400-04
2	Stamford, Connecticut														
3	August 18, 2004														
4	5 Year Master Plan - Letter of Intent / CON Budgets														
5	Project Grouping/Areas														
6						Estimated Const./Renov. Cost		Factor for Non-Med. Equip.		Estimated Non-Med Equip.		Estimated Med. & Specialty Equip.		Total Est'd Proj Cost	
73															
74	4.0	Tully Center Reorganization													
75															
76		Administration			Relocates from L4 to L2/Former Imaging		\$ 285,000	10%		\$ 28,500		\$ 78,000			
77		Child Care			Relocates to Lobby		\$ 75,000	10%		\$ 7,500		\$ -			
78		Complementary Medicine			New Program on L2, Related to Heart Center		\$ 620,000	20%		\$ 124,000		\$ -			
79		Conference Rooms			Relocate from L1 to L2/Former Imaging		\$ 225,000	10%		\$ 22,500		\$ 13,000			
80		Diagnostic Imaging			Relocated from L2 to L1/Former Clinics		\$ 4,175,000	30%		\$ 1,252,500		\$ 4,367,000			
81		Dining			Expansion & Renovation in Atrium/L1		\$ 227,000	20%		\$ 45,400		\$ 8,100			
82		Food Service			Expand in Place/L1		\$ 90,000	20%		\$ 18,000		\$ -			
83		Heart Center			Expands into Former Imaging/L2		\$ 1,220,000	30%		\$ 366,000		\$ 263,000			
84		Kitchen			Expands in Place/L1		\$ 366,000	30%		\$ 109,800		\$ -			
85		Patient Registration			Relocates to Former Clinics/L1		\$ 120,000	10%		\$ 12,000		\$ -			
86		Pharmacy			Expansion/L1		\$ 300,000	20%		\$ 60,000		\$ 151,000			
87		Women's Health Center			New Program, L1, Inc's Breast Center		\$ 500,000	30%		\$ 150,000		\$ 684,000			
88															
89		Subtotal					\$ 8,203,000								
90		+ Fee Estimate (Programming, Planning, A/E/I)					\$ 1,150,000								
91		Total					\$ 9,353,000			\$ 2,196,200		\$ 5,564,100		\$ 17,113,300	
92															
93															
94		TOTALS					\$ 58,623,000			\$ 10,594,300		\$ 18,254,100		\$ 87,471,400	